

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046667

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 313

FILED JAN 2 1962

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clinton

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Wetzel Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Benton

c. CITY

OR

TOWN

WARSAW

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)
Jackson Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

HAMER

Middle

Last

JOHNSON

4. DATE

Month

Day

Year

OF DEATH

Dec 21 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

Jan 13, 1890

9. AGE (last birthday)

72

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

Retired Carp. & Furniture Table Grov. Ill.

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

O. H. Johnson

13b. MOTHER'S MAIDEN NAME

Laura E. Rutledge

14. NAME OF HUSBAND OR WIFE

Daisy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Daisy Johnson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Paralysis

INTERVAL BETWEEN ONSET AND DEATH

minutes

DUE TO (b)

Cerebral Thrombosis

4 days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cirrhosis of Liver - Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

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20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Month, Day, Year

20g. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-16-62 to 12-21-62 and last saw her/him alive on 12-21-62

Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clinton L. Glass, D.O.

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

12/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec 24, 1962

23c. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

23d. LOCATION (City, town, or county)

Warsaw Benton Co. Mo

24. FUNERAL DIRECTOR

John F. Reser

25. ADDRESS

Warsaw

25. DATE RECD. BY LOCAL REG.

Dec 24, 1962

26. REGISTRAR'S SIGNATURE

Mildred Biggers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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MAR 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Obtained

12/24/62

(M.B.)